



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

#NJD004961538

LAB GLASS INC  
PO BOX 610  
VINELAND

NJ 08360

INSTALLATION ADDRESS

1172 NORTHWEST BLVD  
VINELAND

NJ 08360

MANUFACTURERS OF

SCIENTIFIC GLASSWARE · RESEARCH APPARATUS →

LAB GLASS, INC.

1172 NORTH WEST BLVD. · VINELAND, N. J. 08360 · PHONE (609) 691-3200

LAB GLASS, INC.  
KINGSPORT, TENNESSEE

ENVIRONMENTAL PROTECTION  
AGENCY REGION II

NOV 1 11:44

October 28, 1988

PERMITS ADMINISTRATION  
BRANCH

NJD 004 961538

US DEP Region II  
Permits Administrative Branch  
26 Federal Plaza  
New York, NY 10278

Dear Sirs:

Please find enclosed, EPA Form 8700-12 (Rev 11-85), filled out and signed for our two locations in Vineland, NJ, 08360. We are filing these forms in accordance with federal and state laws concerning the proper disposal of waste substances.

If you have any questions, concerning this matter, please contact me at 609-691-3200.

Sincerely Yours,

Ronn Flaim

Ronn Flaim  
Lab Glass, Inc.

RF/kap  
file



United States Environmental Protection Agency  
Washington, DC 20460  
**Notification of Hazardous Waste Activity**Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).**For Official Use Only**

Comments

C  
C

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)C  
F

NJ 004961538

T/A C  
1

88 11 01

**I. Name of Installation**

LAB GLASS INC

**II. Installation Mailing Address**

Street or P.O. Box

C  
3

P O BOX 610

City or Town

State

ZIP Code

C  
4

VINELAND

NJ 08360

**III. Location of Installation**

Street or Route Number

C  
5

1172 NORTHWEST BLVD

City or Town

State

ZIP Code

C  
6

VINELAND

NJ 08360

**IV. Installation Contact**

Name and Title (last, first, and job title)

Phone Number (area code and number)

C  
2

FLAIM RONN A D N T R O L R

609 691 3200

**V. Ownership**

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C  
R

BISLAYNE HOLDINGS INC

P

**VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)****A. Hazardous Waste Activity****B. Used Oil Fuel Activities**

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.  
☐ 2. Transporter  
☐ 3. Treater/Storer/Disposer  
☐ 4. Underground Injection  
☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner  
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

**VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)**☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)**IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number



C

T/A

C

W

1

**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 X 7 2 5	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

1. Ignitable  
(D001)2. Corrosive  
(D002)3. Reactive  
(D003)4. Toxic  
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Ronn Flaim

Name and Official Title (type or print)

Ronn Flaim, Controller

Date Signed

10-27-88